

NOTICE OF SATISFIED JUDGMENT

Insurance Commissioner
311 West Washington Street Suite 300
Indianapolis Indiana 46204-2787

We hereby request that your office satisfy the Bail Bond Judgment Notification which
was previously submitted on the Bond listed below.

Said Judgment was satisfied by the following:

1. Set Aside by Judge_____Date_____
2. Payment by Surety_____Date_____
3. Apprehension of Defendant_____Date_____
4. Other Action_____Date_____

Cause Number_____

Name of Defendant_____

Surety Company _____

Bail Agent_____

Power Number_____ Amount Paid_____

Above information prepared and certified by_____

(Name)

(County)

Seal of
County Clerk